

**MEDICAL REVIEW BOARD AFFIDAVIT**

Return to: Medical Review Board, 200 Mero Street, Frankfort KY 40622

PHONE: 502-564-1257 FAX: 502-564-0109

This affidavit is used to report a driver with a possible physical/mental impairment. Upon receipt of this report, the Division of Driver Licensing, Medical Review Board will review and investigate. This form may be used by physicians, city/county officials, police, or citizens. If completed by citizens, two signatures and a notary are required.

FIRST NAME (Driver Information)	MI	LAST

DRIVER LICENSE NUMBER	DATE OF BIRTH

ADDRESS	CITY	STATE	ZIP

Why can't the above name individual safely operate a motor vehicle? List current unsafe driving behaviors you may have witnessed, all known medical ailments, or incident leading to this affidavit. (If additional space is required, please attach additional sheets. Also Note: We are required to release this document upon request by the individual names in the report.)

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SIGNATURE #1	DATE	PHONE NO.

FIRST NAME (Physician/Official/Citizen)	LAST	TITLE(If Applicable)

ADDRESS	CITY	STATE	ZIP

SIGNATURE #2	DATE	PHONE

FIRST NAME (Citizen)	LAST

ADDRESS	CITY	STATE	ZIP

NOTARY: Subscribed and sworn to before me this date:

SIGNATURE:	MY COMMISSION EXPIRES: